INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Art Unit	1652
Examiner Name	Sheridan Swope

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Examiner Initials*	Cite No. (optional)	Foreign Patent Document Country Code-Number-Kind Code (if known)	Issue or Publication Date MM-DD-YYYY	Name of Patentee or Applicant	T**
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^{*} Examiner: Initial if reference considered, whether or not in conformance with MPEP 609. Draw line through cite if not in conformance and not considered. Include copy of this form with next communication to applicant.

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